

AMENDED IN SENATE JANUARY 29, 2008

AMENDED IN SENATE JANUARY 10, 2008

AMENDED IN SENATE JANUARY 7, 2008

AMENDED IN SENATE MAY 23, 2007

AMENDED IN SENATE APRIL 19, 2007

## **SENATE BILL**

**No. 491**

### **Introduced by Senator Alquist**

(Coauthor: Assembly Member Dymally)

February 22, 2007

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An act to add Chapter 2.5 (commencing with Section 105000) to Part 4 of Division 103 of the Health and Safety Code, relating to public health.

#### LEGISLATIVE COUNSEL'S DIGEST

SB 491, as amended, Alquist. State Alzheimer's Disease Strategic Plan.

Existing law requires the State Department of Public Health to implement and administer various health promotion and preventative health services for older adults, as defined, in the state.

Existing law establishes the Alzheimer's Disease and Related Disorders Advisory Committee in the California Health and Human Services Agency.

This bill would require the committee to be responsible for the development of the State Alzheimer's Disease Strategic Plan for the years 2010 to 2020, inclusive. The bill would require the committee to collaborate with a broad group of stakeholders, and to review current state policies and practices concerning treatment for Alzheimer's

disease, and to develop specified recommendations relating to Alzheimer's care in the state. The bill would require the committee to submit the plan to the Governor and the Legislature by September 1, 2010. The bill would also require the committee to review the implementation and progress of the strategic plan, and, not less than every 2 years, to make recommendations to the Secretary of California Health and Human Services and the Legislature for updating the plan. *The bill would provide that not more than \$50,000 shall be expended from moneys in the General Fund, upon appropriation by the Legislature, for the purposes of the bill.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Chapter 2.5 (commencing with Section 105000)  
2 is added to Part 4 of Division 103 of the Health and Safety Code,  
3 to read:

4  
5 CHAPTER 2.5. STATEWIDE STRATEGIC ALZHEIMER'S DISEASE  
6 PLAN  
7

8 105000. The Legislature finds and declares all of the following:

9 (a) Roughly 500,000 California families are living with  
10 Alzheimer's disease and other dementia disorders.

11 (b) It is estimated that the incidence of these tragic diseases in  
12 California will triple, from approximately 500,000 to 1.5 million  
13 by the year 2050, as the state's population of baby boomers ages.

14 (c) The surge in the numbers of those persons affected by  
15 Alzheimer's disease, including family caregivers, will place a  
16 severe strain on the state's already challenged health, social  
17 services, and geriatric service delivery systems.

18 (d) Morbidity and mortality data collected by counties has  
19 demonstrated a dramatic and rapid increase in the number of deaths  
20 associated with Alzheimer's disease and other forms of dementia,  
21 making it the 8th leading cause of death in California, and the 7th  
22 leading cause of death nationally.

23 (e) Advances in Alzheimer's disease research and promising  
24 ongoing clinical trials are testing agents that may slow progress  
25 of the disease, delay its onset, and prevent the disease altogether,

1 as well as more effectively manage challenging behavioral  
2 symptoms.

3 (f) The 10 Alzheimer’s Disease Research Centers of California  
4 have made significant contributions to the advancement of  
5 Alzheimer’s disease research, and it is imperative for the state to  
6 have primary care and long-term care delivery systems that are  
7 positioned to utilize these research findings to improve care for  
8 persons living with Alzheimer’s disease and other dementia  
9 disorders.

10 (g) While advances in Alzheimer’s research create hope for the  
11 future, they will not head off the increasing need for community,  
12 home, and residential care that is equipped to care for persons  
13 suffering from dementia and related disorders.

14 (h) To avoid bankrupting our health and social service systems  
15 serving the elderly, California must prepare now by identifying  
16 strategies that will provide appropriate care to families coping with  
17 caring for a family member afflicted with Alzheimer’s disease.

18 (i) It is in the interest of the state to better serve the  
19 approximately 500,000 families statewide who are currently  
20 struggling to care for a family member with Alzheimer’s disease.

21 (j) It is also in the interest of the state to adequately serve the  
22 following emerging populations:

23 (1) Underserved and unserved families.

24 (2) Persons in the very earliest stages of Alzheimer’s disease,  
25 and those individuals suffering from other dementia disorders.

26 (3) Persons with special needs who cannot access existing care  
27 systems.

28 (4) Non-English speakers, and ethnically diverse populations  
29 coping with memory loss.

30 (5) The mentally ill.

31 (6) Rural residents.

32 (7) Younger populations afflicted with early onset Alzheimer’s  
33 disease.

34 105001. (a) The Alzheimer’s Disease and Related Disorders  
35 Advisory Committee shall be responsible for the development of  
36 the State Alzheimer’s Disease Strategic Plan for the years 2010 to  
37 2020, inclusive.

38 (b) As used in this chapter, “committee” means the State  
39 Alzheimer’s Disease and Related Disorders Advisory Committee,  
40 established pursuant to Section 1568.17.

(c) As used in this chapter, “plan” means the State Alzheimer’s Disease Strategic Plan.

105002. (a) The committee shall collaborate with a broad group of stakeholders in the development of the plan.

(b) The committee shall review current state policies and practices concerning treatment for Alzheimer’s disease, and shall develop recommendations concerning all of the following issues:

(1) Community-based support for California’s diverse people with Alzheimer’s disease and their family members.

(2) A public health, integrated care management approach to Alzheimer’s disease care in health care settings that makes full use of best dementia care practices.

(3) The dementia competence of health care professionals.

(4) Choices for care and residence for persons with Alzheimer’s disease and their families.

(5) Early identification and intervention through increased public awareness of Alzheimer’s disease.

(c) In the development of the plan, the committee and any workgroups established shall consider the recommendations of other state plans, including, but not limited to, the Olmstead Plan, the Strategic Plan on Aging, and the California Department of Aging’s Five Year Plan.

(d) The committee shall also make good faith efforts to ensure that any workgroups established to assist in the development of the plan reflect, to the extent feasible, the racial and ethnic diversity of the state.

(e) Any work groups that are established to assist in the development of the plan may include, but are not limited to, members representing all of the following groups:

(1) A representative of a relevant Alzheimer’s disease provider group.

(2) A family caregiver of a person with Alzheimer’s disease.

(3) A person in the early stages of Alzheimer’s disease.

(4) A representative of the Alzheimer’s Disease Association.

(5) A representative of state government.

(f) Any workgroups established to assist in the development of the plan shall consider cultural and linguistic factors that impact persons with Alzheimer’s disease and their families who are from diverse populations when addressing the issues identified in subdivision (b), and, when necessary, shall consider those factors

1 when making public policy recommendations to be included in  
2 the plan.

3 (g) The Secretary of the California Health and Human Services  
4 Agency may designate a full-time staff person to support the work  
5 of the committee in the development of the plan.

6 105003. Meetings and work to develop the plan shall make  
7 maximum use of teleconference technology.

8 105004. Any workgroups established to develop the plan shall  
9 identify specific state public policy actions needed to address the  
10 issues described in subdivision (b) of Section 105002.

11 105005. The committee shall submit the plan to the Governor  
12 and the Legislature by September 1, 2010.

13 105006. The committee shall review the implementation  
14 progress of the plan and shall, not less than every two years, make  
15 recommendations to the secretary and the Legislature regarding  
16 any necessary and recommended updates to the plan.

17 105007. Development of the plan shall be carried out by means  
18 of a public private partnership, in which the state and the  
19 Alzheimer's Association both dedicate resources for plan  
20 development and stakeholder input and solicit public input into  
21 the plan.

22 105008. *Not more than fifty thousand dollars (\$50,000) in state*  
23 *General Fund moneys shall be expended, upon appropriation by*  
24 *the Legislature, for the purposes of this chapter.*